UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/181
30 December 1996

ORIGINAL: English

Second regular session 1997
10 -14 March 1997, New York
Item 5 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Guinea

Proposed UNFPA assistance: $9.5 million, $7.5 million from regular resources and $2 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	5.0	2.0	7.0
Population & development strategies	1.5	-	1.5
Advocacy	1.0	-	1.0
Total	7.5	2.0	9.5

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GUINEA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	25.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	5.0	≥55
Access to basic health services (%)[3]	80.0	≥60
Infant mortality rate (/1000)[4]	134.0	≤50
Maternal mortality rate (/100,000)[5]	800.0	≤100
Gross female enrolment rate at primary level (%)[6]	17.2	≥75
Adult female literacy rate(%)[7]	19.3	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	6,700	Annual population growth rate (%)	2.9
Population in year 2000 (000)	7,759	Urban	5.5
Sex ratio (/100 females)	101.0	Rural	1.8
Per cent urban	29.6	Crude birth rate (/1000)	47.6
Age distribution (%)		Crude death rate (/1000)	18.3
Ages 0-14	47.1	Net migration rate (/1000)	0.0
Youth (15-24)	18.9	Total fertility rate (woman)	6.51
Ages 60+	4.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	43.9	Males	46.0
Median age (years)	16.4	Females	47.0
Population density (/sq. km.)	27	Both sexes	46.5
		GNP per capita (U.S. dollars, 1994)	510

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1 The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Guinea in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $9.5 million, $7.5 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocations of UNFPA resources. This would be UNFPA's fourth cycle of assistance to Guinea.

2. The proposed programme has been developed in close collaboration with the Government, non-governmental organizations (NGOs) and the donor community. The programme takes into account the National Population Policy of 1992 and the National Population Programme of 1996 and the draft of the Country Strategy Note. It is based on the findings and recommendations of a programme review and strategy development (PRSD) exercise that was carried out in 1996. The proposed programme is in harmony with the programming cycles of UNDP and UNICEF.

3. The long-range objective of the proposed programme is to help the Government achieve the objectives of the National Population Policy by addressing priority needs in the three UNFPA core areas -- reproductive health, including family planning and sexual health; population and development strategies; and advocacy -- through training and institution-building to increase national capacity for carrying out population activities. At the national level the programme will concentrate on these capacity-building activities in both government agencies and NGOs while helping to incorporate family planning and certain other reproductive health services in 115 public health centres and initiating a community based distribution system of contraceptives in four administrative regions.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Guinea falls into category "A" under UNFPA's new scheme for resource allocation and is included among the least developed countries, with an estimated per capita gross national product (GNP) of $510. The population of nearly 7 million is 71 per cent rural and relatively young: 47 per cent are under age 15, and the median age at marriage is 16 for women. Refugees and displaced persons from Liberia and Sierra Leone are estimated to number over 600,000. In Guinea, a high value is placed on marriage and child-bearing as constituting the primary roles for women. This explains the persistence of forced early marriages, low participation of women in family decision-making, lack of land ownership by women and their limited access to capital. The school enrolment

rate is below 20 per cent for girls versus 61 per cent for boys. It is estimated that 80 per cent of women have undergone female genital mutilation, and that 50 per cent of them are in polygamous marriages.

6. Despite reforms undertaken by the Government, the quality of health services in Guinea remains inadequate. Infant and child mortality are among the highest in the world, and maternal mortality is also unacceptably high. Although 69 per cent of pregnant women make use of pre-natal services, only 35 per cent of births take place inside health facilities. Abortion, which is illegal in Guinea and is often practiced under unsafe conditions, accounts for 17 per cent of maternal deaths. The fertility rate remains high as a result of numerous cultural factors, including early marriage, preference for male children and the low status of women. Awareness of modern contraception is only 28 per cent, and the contraceptive prevalence rate is 5 per cent. A total of 43 per cent of health centres provide family planning, yet even these centres do not always respond to other prevalent reproductive health problems. HIV infection is still low according to a survey undertaken in 1995.

7. The National Population Policy was adopted in May 1992 and was subsequently revised in light of the ICPD and the Fourth World Conference on Women. The PRSD mission noted with satisfaction that the Government was gradually switching emphasis to ensure that population dynamics were fully taken into account in both macro-economic plans and policies as well as in a wide range of sectoral and thematic policies. However, although an implementation framework for the National Population Programme now exists in Guinea, actual implementation lags far behind.

Previous UNFPA assistance

8. The third UNFPA programme cycle saw an increased level of awareness among decision makers and religious leaders throughout Guinea about the interrelationship between population and development as well as numerous tangible achievements in terms of population and reproductive health. A national committee on population and health resources was created, and the National Population Policy and Programme were adopted. The UNFPA programme helped to train four regional directors of planning and 60 managers in population programme management, organize three data collection exercises, and formulate policies on the promotion of women and youth, including responding to their reproductive health needs. In addition, maternal and child health and family planning (MCH/FP) services were integrated into 46 health centres, and population education was introduced in a significant number of schools.

9. However, the compartmentalized, sectoral nature of these projects constituted a major obstacle. Despite obvious progress, institutional capacities for national execution are still far from adequate, particularly in the area of financial control. Development of the institutional framework therefore appears necessary during the next cycle for the coherent implementation of the different programmes. This improvement in the institutional framework requires both the Government and the

country's development partners to work out a better system of coordination and collaboration in order to avoid duplication of efforts.

10. Reviews of the third UNFPA programme suggest that the next programme needs to support the implementation of an appropriate institutional framework and coordinating mechanism both at central and lower levels as well as develop an integrated data system to guide management of different programme activities. It also needs to encourage the quantitative and qualitative development of human resources and the formulation of a coherent strategic approach for promoting greater awareness of the country's population problems and a balance between the supply of and demand for reproductive health services.

Other external assistance

11. There are numerous donors in the population and reproductive health fields in Guinea including UNICEF, the World Health Organization (WHO), the World Bank, the African Development Bank, the United States Agency for International Development (USAID), the European Union, French Cooperation, the Government of Germany, and different international NGOs. The World Bank has funded a major programme of construction and renovation of health centres and hospitals and has recently concluded a new programme with a total credit of $25.6 million over a six-year period (1995-2001) to build 22 health centres, rehabilitate and equip four regional hospitals and build and equip 18 prefectural hospitals. UNICEF is the principal donor for a programme to integrate MCH services into the 317 functioning health centres. UNICEF has also funded a large advocacy campaign for girls' schooling.

12. USAID, working through an international NGO, Population Services International, has developed the framework for a programme to help prevent sexually transmitted diseases (STDs), including HIV/AIDS, and has supported the social marketing of condoms. Since 1992, USAID has been working in two regions to include family planning in 79 health centres and 13 regional maternities in a programme valued at $11 million. The German Gesellschaft für Technische Zusammenarbeit (GTZ) has assisted in developing a rural health and family planning programme in two prefectures, and the Kreditanstalt für Wiederaufbau (KfW), in collaboration with UNFPA, will fund the integration of reproductive health services in 207 health centres. The International Planned Parenthood Federation (IPPF) assists its local affiliate in maintaining five family planning clinics in different parts of the country.

Proposed programme

13. The proposed programme will assist the Government in collaboration with other donors to expand the availability and increase the quality of reproductive health services and increase demand for modern contraceptives. It also seeks to improve the coordination and follow-up of population

programme implementation at both the central and regional levels, as well as contribute to the creation of a comprehensive national demographic and socio-economic information system. Specifically, the programme will help the Government meet its goals of reducing the unmet demand for reproductive health services by one third, increasing the contraceptive prevalence rate by an additional to 10 per cent by 2001, and reducing maternal mortality to 450 per 100,000 live births.

14. To attain the above objectives, the programme aims to strengthen the technical skills of civil servants and NGO personnel in formulating, implementing, evaluating and coordinating the National Population Programme and in delivering reproductive health services. In Guinea, this includes promoting services relating to gynaecology and obstetrics, Safe Motherhood, infertility, the reproductive health needs of youth (including the high level of abortions), prevention of STDs and the provision of information on the negative effects of female genital mutilation. The programme will also work to integrate population and gender issues into sustainable development programmes and to develop national and regional advocacy programmes targeting policy makers, religious leaders and the civil society in a long-range aim to generate sustained national commitment to population and gender concerns.

15. Reproductive health. The specific objectives of the UNFPA programme in terms of reproductive health will be to integrate family planning and certain other elements of reproductive health into 115 public health centres and to implement a community based distribution system for contraceptives in 20 villages a year in the administrative regions of Kindia, Mamou, Boké and Labé, which will help to address the lack of availability of services in rural areas. The programme will also create five counselling and service centres on reproductive health for youth. Lastly, it will work to strengthen national NGOs and women's groups involved in the fight against female genital mutilation.

16. The proposed strategies to attain these objectives include decentralizing health planning management to the district level and promoting the quality of reproductive health care through the development of a master training plan for service providers and managers. Additionally, the programme will enhance sustainability of reproductive health services delivery through community participation and intersectoral collaboration and by the integration of reproductive health teaching into the curricula of the country's health school curricula. It also aims to develop a plan of action for the improving adolescent reproductive health.

17. Population and development strategies. The principal issues in the area of population and development strategies include the weak technical skills for management of the population programme, a weak institutional framework for the advancement of women, and the lack of a developed strategy for population, information, education and communication (IEC) activities. The national population programme has encompassed a series of projects that are not well articulated or coordinated. UNFPA will support the Government's preparation of a donors conference designed

to enhance coordination and cooperation and the elaboration of regional population programmes to rationalize and facilitate programme implementation.

18. The objectives of the UNFPA programme include supporting the Government in such activities as translating the objectives of the national population policy into coherent regional action programmes. UNFPA will also assist the Government in improving the population database and the knowledge base on population dynamics. The programme will also support institutionalizing population education, including gender issues and human rights, in the curriculum of secondary schools and extending population education to public and private elementary schools as well as into the non-formal education sector by integrating it into adult literacy programmes and youth centres.

19. To meet these objectives, UNFPA will support institution building and technical capacity-building in the Permanent Secretariat of the National Population Commission, Regional Committees on Population and Human Resources, the Ministry of Women's Promotion and Social Affairs, various sectoral ministries, and the University of Guinea. UNFPA will contribute to the analysis of the 1996 census, to conducting a demographic and health survey in 1998, and to sociocultural and operational research.

20. Advocacy. The implementation of the National Population Programme will require strong support from all elements of Guinean society. Therefore, the proposed programme will support the Government in its efforts to raise awareness of national decision makers, NGOs and the general public on the interrelationships between population, gender issues, family welfare and sustainable development. The emphasis in the proposed programme on youth and adolescent reproductive and sexual health will also require support among health personnel, religious leaders and decision makers. A specific focus will be on assisting the Government in its efforts to improve the status of women and to promote greater school attendance by girls and to generate greater support for population programmes. All of these efforts will require working with parliamentarians, religious leaders, local NGOs and women's associations. The Fund will cooperate with UNICEF and the Committee of the Promotion of Affirmative Action in developing a plan of action to promote school attendance of girls.

Implementation, monitoring, evaluation and coordination

21. The need for more effective coordination of population activities has prompted the Government to propose the creation within the Ministry of Planning, Economy and Finance of a Permanent Secretariat of the National Population Commission charged with coordinating the activities for the implementation of the National Population Programme. This body will be responsible for the follow-up of programme activities. The PRSD mission recommended that UNFPA assist the future Permanent Secretariat and the Regional Committees on Population and Human Resources by helping them in skills training and by furnishing them with equipment in order to enable them to fulfill their missions under decentralization. Coordination of external assistance will

be ensured through quarterly thematic meetings of multilateral and bilateral donors in addition to the monthly meetings with the United Nations Resident Coordinator.

22. A mid-term review is proposed for the beginning of the second semester of 1999. In accordance with UNFPA guidelines, progress indicators will be used in making qualitative and quantitative evaluations of the impact of the programme. Each year, a tripartite review meeting will be organized for each sub-programme in order to review the annual progress report and the management plan. The local UNFPA office will also put in place the mechanisms of consultation, coordination and collaboration among the various sub-programmes by holding periodic meetings among project personnel and organizing workshops for the review of particular issues. Workshops on UNFPA mandate and procedures will be organized once a year for the staff involved in the management of UNFPA-assisted programmes. On the basis of the annual project management plans, technical backstopping will be supplied by appropriate national expertise or from the UNFPA Country Support Team headquartered in Dakar, Senegal.

Recommendation

23. The Executive Director recommends that the Executive Board approve the programme of assistance for Guinea as presented, in the amount of $9.5 million over the period 1997-2001, $7.5 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $2 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.